

NOTICE OF CONTRACTING OPPORTUNITY

APPLICATION FOR  
NAVY CONTRACT POSITIONS  
(19 February 2004)

THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS (enter closing time) PM EST ON OR BEFORE **11 March 2004**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: Code 22T  
1681 NELSON STREET  
FORT DETRICK MD 21702-9203

E-MAIL: [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil)  
IN SUBJECT LINE REFERENCE: "CODE 22T"

A. NOTICE. This position is set aside for individual Dermatologists only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. DERMATOLOGIST. The Government is seeking to place under contract, an individual who holds a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, or the U.S. Virgin Islands and has completed a residency program in dermatology. This individual must also (1) meet all the requirements contained herein; (2) obtain and maintain delineated clinical privileges; and (3) competitively win this contract award.

Services shall be provided at the Naval Hospital, Okinawa or in nearby schools, medical treatment facilities, and homes to conduct evaluations and provide treatment as indicated.

You shall be on duty in the assigned clinical area for 40 hours per two week period; between the hours of 0700 and 1700,. You shall normally provide services for a 4 (no lunch break), 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. The standard week shall be 2.5 days. Specific hours shall be scheduled one month in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other medical duties.

You shall accrue four hours of personal leave per 40 hour period worked. Personal leave shall be used for absences due to both sickness and planned vacations. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. Should your normal work day fall on a Federal Holiday, you shall be rescheduled for a different day. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. Statement of Work

A. The use of "Commanding Officer" means: Commanding Officer, Naval Hospital, Okinawa, or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. Duties and Responsibilities. You shall perform a full range of Dermatology services on site in the Dermatology Department using government furnished supplies, facilities and equipment within the assigned unit of the Medical Treatment Facility (MTF). Your productivity is expected to be comparable with that of other individuals performing similar services. You shall perform the following duties:

1. Administrative and Training Requirements

1.1. Provide training and/or direction as applicable to supporting Government employees (i.e. hospital corpsmen, technicians, students, residents in Dermatology) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to Government and professional clinical standards and accepted clinical protocol.

1.2. Participate in meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of scheduled working hours, you shall be required to read and initial the minutes of the meeting.

1.3. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

1.4. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.

1.5. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities and provide training and/or direction as applicable to supporting Government employees (i.e., hospital corpsmen, students, etc.) assigned to you during the performance of duties.

1.6. Maintain an awareness of responsibility and accountability for own professional practice.

1.7. Participate in continuing education to meet own professional growth.

1.8. Attend annual renewal of the following training requirements provided by the Government: family advocacy, disaster training, infection control, sexual harassment, bloodborne pathogens and fire/safety.

1.9. Participate in the implementation of the MTF's Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.

1.10. Attend Composite Health Care System (CHCS) and Corporate Information System (CIS) training provided by the Government for a minimum of four (4) hours, up to a maximum of 24 hours.

1.11. Adhere to infection control guidelines and practice universal precautions.

1.12. Contribute to the safe and effective operation of equipment used in patient care within a safe working environment. This shall include safe practices of emergency procedures, proper handling of hazardous materials and maintaining physical security.

1.13. Comply with the HIPAA (Health Insurance Portability and Accountability Act) privacy and security policies of the treatment facility.

1.14. Maintain statistical records of clinical workload. Operate and manipulate automated systems such as Composite Health Care Systems (CHCS), Ambulatory Data System (ADS), participating in education programs, participating in education programs and participating in clinical staff quality assurance functions and Process Action Teams, as prescribed by the Commanding Officer.

2. SPECIFIC DUTIES/RESPONSIBILITIES OF DERMATOLOGISTS ARE AS FOLLOWS:

2.1. Perform a full range of Dermatology services on-site using Government-furnished supplies, facilities and equipment. Productivity is expected to be comparable with that of other contracted individuals performing similar services.

2.2. Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to licensure and regulation of healthcare personnel and medical treatment facilities, the regulations and standards of medical practice of the MTF and the bylaws of the hospital's medical staff. Adhere to and comply with all Department of the Navy, Bureau of Medicine and Surgery and local Clinic instructions and notices that may be in effect during the term of the contract.

2.3. Provide a full range of Dermatology procedures as identified in Attachment ##. Diagnose, treat, and counsel patients as indicated.

2.4. Prescribe and dispense medications as delineated by the Pharmacy and Therapeutics Committee.

2.5. Supervise and teach other medical staff and provide educational lectures and participate in the provision of in-service training to clinic staff members. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol.

2.6. Promote preventive and health maintenance care, including annual physicals, positive health behaviors, and self-care skills through education and counseling.

2.7. Demonstrate awareness and sensitivity to patient/significant others' rights, as identified within the institution.

2.8. Demonstrate awareness of legal issues in all aspects of patient care and unit function and strive to manage situations in a reduced risk manner.

2.9. Participate in peer review and performance improvement activities.

2.10. Demonstrate appropriate delegation of tasks and duties in the direction and coordination of health care team members, patient care, and clinic activities.

2.11. Complete continuing education to meet own professional growth and specialty standards.

2.12. Participate in peer review and performance improvement activities.

3. General Services:

3.1. Use the CHCS system to enter orders and prescriptions; retrieve test results; request specialty consultation; and correspond via E-mail. Utilize the KG-ADS module of CHCS for workload data collection, capturing ICD-9, E&M, and CPT-4 codes.

3.2. Become familiar with, and demonstrate awareness of the Bylaws of the Medical Staff and the organizational and operational policies of the MTF, and comply therewith.

3.3. Become familiar with the Department of Defense TRICARE Program and the methodology to function therein.

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4. JCAHO requirements - Comply with the standards of the Joint Commission, applicable provisions of law and the rules and regulations of any and all governmental authorities pertaining to:

- 4.1. Licensure and/or regulation of healthcare personnel in treatment facilities, and
- 4.2. The regulations and standards of professional practice of the treatment facility, and
- 4.3. The bylaws of the treatment facility's professional staff.

5. ORIENTATION/TRAINING

5.1. You shall attend command orientation briefing during the first three months of commencing services. Orientation may be waived for personnel who have previously provided service at the MTF. Orientations include initial training requirements (e.g. fire, safety, infection control, and family advocacy) and information systems orientation (including the Composite Health Care System (CHCS) and the Ambulatory Data System (ADS)). The Government reserves the right to adjust orientation schedules to meet mission and workload requirements.

6. CREDENTIALS AND PRIVILEGING. Upon award, you shall complete a Personal and Professional Information Sheet (PPIS) and other supporting documentation required to complete an Individual Credentials File (ICF) prior to performance of services. The ICF, maintained at the facility, contains specific information regarding the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status, and competency as defined in Appendix (G) of BUMEDINST 6320.66D and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at <http://nmo.med.navy.mil/Files/Media/directives/6320-66d.pdf>.

6.1. If individual clinical privileges have been summarily suspended pending an investigation into questions of professional ethics or conduct, your performance under this contract may be suspended until clinical privileges are reinstated. No reimbursement shall be made and no other compensation shall accrue to you so long as performance is suspended. The denial, suspension, limitation, or revocation of clinical privileges based upon practitioner impairment or misconduct shall be reported to the appropriate authorities.

D. Minimum Personnel Qualifications. To be qualified for this position you must:

- 1. Possess a Doctorate Degree in Medicine from an accredited college approved by the Liaison Committee on Medical Education and Hospitals of the American Medical Association, a Doctorate Degree in Osteopathy from a college accredited by the American Osteopathic Association, or permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG).
- 2. Have graduated from a residency training program in Dermatology approved by the Accreditation Council for Graduate Medical Education or the Committee on Postdoctoral Training of the American Osteopathic Association or those Canadian training programs approved by the Royal College of Physicians and Surgeons of Canada or other appropriate Canadian medical authority.
- 3. Possess a current, unrestricted license to practice medicine in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands.
- 4. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment ##.
- 5. Provide two letters of recommendation from practicing physicians, written within the last 2 years, attesting to your clinical skills. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference.
- 6. Represent an acceptable malpractice risk to the Navy.

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E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified candidates using the following criteria, listed in descending order of importance. The "Personal Qualification Statement" and Letters of Recommendation will be used to evaluate these items.

1. Experience and training as it relates to the duties contained herein. This shall include Board certification in Dermatology, then,
2. The letters of recommendation required in item D.6, above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc.
3. Prior experience as a dermatologist in a DoD medical facility.
4. Total Continuing Education hours.

F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:

1. \_\_\_\_\_ A completed " \*Personal Qualifications Sheet - Dermatologist " (Attachment 1).
2. \_\_\_\_\_ A completed Pricing Sheet (Attachment 2).
3. \_\_\_\_\_ Proof of employment eligibility (Attachment 3).
4. \_\_\_\_\_ Two or more letters of recommendation per paragraph D.5., above. (If applicable)
5. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment 4)
6. \_\_\_\_\_ Small Business Representation (Attachment 5)

\*Please answer every question on the " Personal Qualifications Sheet - Dermatologist ". Mark "N/A" if the item is not applicable.

G. OTHER INFORMATION FOR OFFERORS.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Public Access/Services/Individual Set Asides or can be requested from the contract specialist listed below.

Send Requests by mail, fax or e-mail to:

***Contract Specialist***

Naval Medical Logistics Command

CODE 02: 22T, 1681 Nelson Street

Fort Detrick, MD 21702

Comm: 301-619-8277

DSN: 343-8277

Fax: 301-619-6793

E-mail: [cktama@nmlc.med.navy.mil](mailto:cktama@nmlc.med.navy.mil)

Web: <http://www-nmlc.med.navy.mil>

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr.gov> or [www.ccr.dlsi.dla.mil](http://www.ccr.dlsi.dla.mil). This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even thou you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for (enter HCW and NAICS code that applies).

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Questions concerning this package maybe addressed @ 301-619-8277.

We look forward to receiving your application.

**PERSONAL QUALIFICATIONS SHEET – DERMATOLOGIST**

**A. General Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

**B. Medical Information**

YES NO

1. Do you have any physical handicap or condition that could limit your clinical practice?

\_\_\_\_

2. Have you been hospitalized for any reason during the past 5 years?

\_\_\_\_

3. Are you currently receiving or have you ever received formal mental health therapy?

\_\_\_\_

4. Do you currently have, or in the past have you ever had, an alcohol dependency?

\_\_\_\_

5. Are you currently receiving, or have you in the past ever received, therapy for any alcohol related problem?

\_\_\_\_

6. Have you ever been unlawfully involved in the use of controlled substances?

\_\_\_\_

7. Are you currently receiving, or have you in the past ever received, therapy for any drug-related condition?

\_\_\_\_

C. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam within 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. You must acknowledge this requirement by signing below.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**II. PROFESSIONAL**

**A. Advanced Education.**

**1. Medical School:**

a. Name of Accredited School

Date of Training  
(From) (To)

\_\_\_\_\_

\_\_\_\_\_

b. Type of Degree: \_\_\_\_\_

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c. Location and Address of School:

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d. Name of Accredited School:

Date of Training  
(From) (To)

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e. Type of Degree: \_\_\_\_\_

f. Location and Address of School:

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2. Additional Education:

a. Name of Accredited School:

Date of Training  
(From) (To)

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b. Type of Degree: \_\_\_\_\_

c. Location and Address of School:

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2. Additional Education (continued):

d. Name of Accredited School:

Date of Training  
(From) (To)

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e. Type of Degree: \_\_\_\_\_

f. Location and Address of School:

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3. Continuing Education:

Title of Course	From	To	CE Hours
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[illegible]

NO

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a. \_\_\_\_\_

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b. \_\_\_\_\_

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a. \_\_\_\_\_

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Position/Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

b.

- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_
- c. \_\_\_\_\_  
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\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_
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Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_
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Position/Title: \_\_\_\_\_  
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Position/Title: \_\_\_\_\_  
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\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_
3. List military experience providing medical services:
- a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_
- b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_
- c. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Position/Title: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

4. Provide an explanation of any gaps in employment within the time specified in B above on a separate sheet of paper.

5. Are you currently employed on a Navy contract? If yes, where is your current contract and what is the position?

\_\_\_\_\_

6. List prior experience teaching or proctoring residents in graduate medical education settings.

Name of Medical Facility	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Membership in professional organizations that promote your specialty:

From To

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Practice Information:

	Yes	No
1. Have you ever been the subject of a malpractice claim?	_____	_____
2. Have you ever been a defendant in a felony or misdemeanor case?	_____	_____
3. Have you ever had your professional license revoked?	_____	_____
4. Have you ever voluntarily surrendered your professional license?	_____	_____

If any of the above is answered "yes" attach an explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above. List the issuing State of the revocation/voluntary surrender for numbers 3 and 4 above.

E. Licensure (to include all medical licenses held)

1. License Number	State	Date of Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
2. Drug Enforcement Number    State    Date of Expiration

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Enhancing Factors

Those items that may enhance the ranking of a candidate, as described in the cover memorandum, shall be attached to this application. This includes letters of recommendation and other such documentation.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the above information is requested for use in the consideration of a contract. Disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Dermatology Procedures

Perform comprehensive examination, consultation, diagnosis and treatment of dermatologic disorders including:

- Dermatitis
- Acne
- Verrucae
- Superficial fungal infections
- Cutaneous viral infections
- Cutaneous infestations (e.g., lice, scabies)
- Pyodermas
- Drug eruptions
- Contact Dermatitis
- Common Dermatoses (e.g. psoriasis, lichen panus)
- Routine venereal diseases
- Uncomplicated skin cancer
- Routine benign skin tumors
- Advanced or complicated venereal diseases
- Unusual cutaneous infection (e.g. leprosy, deep fungal)
- Cutaneous manifestations of internal diseases

Perform Diagnostic Tests to include:

- Darkfield microscopy
- Tzanck smear
- Fungal culture
- Scabies prep
- Potassium hydroxide testing
- Patch Testing
- Wood's light examination
- Gram stain
- Phototesting

Perform the following procedures:

- Punch biopsy
- Uncomplicated excisions
- Curettage
- Shave biopsy and excision
- Basic electrosurgery
- Basic cryotherapy for benign conditions
- Ultraviolet B therapy
- Ultraviolet A therapy
- Psoralen ultraviolet therapy
- Advanced cryotherapy

Additional diagnosis and therapy of:

- Immunodermatology
- Advanced or complicated skin cancer
- Dermatopathology

Additional procedures to include:

- Mohs micrographic surgery
- Flaps
- Grafts
- Hair Transplants
- Dermabrasions

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Chemical peeling

Scalp reduction

Liposuction

Laser surgery

Sclerotherapy

**ATTACHMENT 2**

**PRICING SHEET  
PERIOD OF PERFORMANCE**

Services are required from 1 April 2004 through 30 September 2004. Four option periods will be included which will extend services through 31 March 2009, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

**PRICING INFORMATION**

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dermatologists in the Okinawa area. **The hourly price includes consideration for the following taxes and insurance that are required:**

(a) Please note that if you are awarded a Government contract position, you **will be responsible for paying all federal, state and, local taxes.** The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you quote for the base period will be added to the proposed quote for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	Price	Total Amount
	The offeror agrees to perform				
	on behalf of the Government, the				
	duties of one Dermatologist at				
	the Naval Hospital, Okinawa ,				
	in accordance with this				
	Application and the resulting contract.				
0001AA	Base Period; 1 Apr 04 thru 30 Sep 04	26.2	Week		
0001AB	Option Period I; 1 Oct 04 thru 30 Sep 05	52.2	Week		
0001AC	Option Period II; 1 Oct 05 thru 30 Sep 06	52	Week		
0001AD	Option Period III; 1 Oct 06 thru 30 Sep 07	52	Week		
0001AE	Option Period IV; 1 Oct 07 thru 30 Sep 08	52.4	Week		
0001AF	Option Period IV; 1 Oct 08 thru 31 Mar 09	26	Week		

**TOTAL CONTRACT**

\$ \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT 3**

**LISTS OF ACCEPTABLE DOCUMENTS  
SUBMIT ONE FROM LIST A**

**LIST A**

**Documents that Establish Both Identity and Employment Eligibility**

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**

**LIST B**

**Documents that Establish Identity**

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card

**LIST C**

**Documents that Establish Employment Eligibility**

1. U.S. social security card issued by the Social Security Administration (other card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal



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5. U.S. Military card or draft record

6. Military dependant's ID Card

7. U.S. Coast Guard Merchant  
Mariner Card

8. Native American tribal document

9. Driver's license issued by a  
Canadian government authority

For persons under age 18 who  
are unable to present a  
document listed above;

10. School record or report card

11. Clinic, doctor, or hospital record

12. Day-care or nursery school record

4. Native American Tribal document

5. U.S. Citizen ID Card (INS Form I-197)

6. ID Card for use of Resident  
Citizen in the United States  
(INS Form I-179)

7. Unexpired employment  
authorization document issued  
by the INS (other than those  
listed under List a).

**ATTACHMENT 4**

**CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.gov/howto.html> If you do not have internet access, please contact (301) 619-3124 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please mail or fax "THIS COMPLETED CONFIRMATION SHEET" to:

Naval Medical Logistics Command  
ATTN: Code 22T  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-6793

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date CCR Form was submitted: \_\_\_\_\_

Assigned DUN & BRADSTREET #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**ATTACHMENT 5**

**SMALL BUSINESS PROGRAM REPRESENTATIONS**

As stated in paragraph I.A. of this application, this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses, please provide the additional information requested below.

**NOTE:** This information will not be used in the selection process, nor will any benefit be received by an individual based on the information provided.

Check as applicable:

**Section A.**

- ☐ ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ☐ ( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined below.

**Section B**

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
- ☐ Hispanic American.
- ☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- ☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- ☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).